

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097230 (3)**

1. Corporation Name

MILLENNIUM GULF COAST PROVIDER NETWORK, INC.



Principal Place of Business

Mailing Address

**943 S. BENEVA ROAD
SUITE 306
SARASOTA FL 34232**

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SUITE 306
SARASOTA FL 34232**

3. Date Incorporated or Qualified
12/27/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DARYL J
1800 MAIN STREET
SUITE 1100
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below of registered agent and the corporation

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Add on
1.2 NAME **D/P**
1.3 STREET ADDRESS **Malone, James A.**
1.4 CITY-ST-ZIP **1390 Main Street**
Sarasota, FL 34236

2.1 TITLE ☐ Change ☒ Add on
2.2 NAME **D/S**
2.3 STREET ADDRESS **Berling, Steven J.**
2.4 CITY-ST-ZIP **1390 Main Street**
Sarasota, FL 34236

3.1 TITLE ☐ Change ☒ Add on
3.2 NAME **D/T**
3.3 STREET ADDRESS **Hammel, Edward J.**
3.4 CITY-ST-ZIP **1390 Main Street**
Sarasota, FL 34236

4.1 TITLE ☐ Change ☐ Add on
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add on
5.2 NAME
5.3 STREET ADDRESS **800001791878**
5.4 CITY-ST-ZIP **-04/24/96--01008--025**
*****200.00**

6.1 TITLE ☐ Change ☐ Add on
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Malone

(941) 951-2022

Date

Daytime Phone #

CR2E034 (12/95)